TODE WENT MONT

STATEMENT OF **ORGANIZATION**

REUEIVED FEDERAL ELECTION COMMISSION PUBLIC DISCLOSURE DIVISION

FORIVI I			2015 JUH 15 AM 11: 08
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
YOUNG 4 PR	ESILDENT		
			
ADDRESS (number and street)	23049 1016	DILLAKE DIR	
☐ ◀ (Check if address is changed)			
	MORENO IVIE	4 C C E Y	CIA 912557 - ZIP CODEA
COMMITTEE'S E-MAIL ADDRE	ESS		
【 (Check if address is changed)	SITIOIUINIGICITIC	DIUINIGI 41 PIRIEISI I ID	ENT - COM
.	Optional Second E-Mail A	ddress	
2. DATE 0.6	o 2.0.1.5	<u> </u>	
3. FEC IDENTIFICATION N	NUMBER ► C		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined	this Statement and to the be	st of my knowledge and belief i	t is true, correct and complete.
Type or Print Name of Treasur	er Susan Your	16	
Signature of Treasurer	Susanyoung		Date 0.0 1.0 2.0.1.5
NOTE: Submission of false, erro		on may subject the person signing ATION SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.
Office Use		For further information Federal Election Commiss Toll Free 800-424-9530	EEL ELIKNI I

F	EC For	rm 1 (Revised 02/2009) Page 2	ı			
TYPE	OF C	ОММІТТЕЕ				
Can		Committee:				
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	Name of Candidate Siusain Yiolung I					
Candi Party	idate Affiliatio	Office State Sought: House Senate President District	<u>Δ</u>			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand			لــــ			
Part	у Соп	nmittee:				
(d)		(National, State (Democratic, Republican, etc.) Pa	arty.			
Poli	tical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	is a:			
		Corporation Corporation w/o Capital Stock Labor Organization	n			
		Membership Organization Trade Association Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or p committee. (i.e., nonconnected committee)	arty			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	draising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
	Com	nmittees Participating in Joint Fundraiser				
	1.		•			
	2.	FEC ID number	.2			
	3.	FEC ID number				
	4.					

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Write or Type Committee Na		
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
MONE	<u> </u>	<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: I books and records.	Identify by name, address (phone number optional) and position of the person	in possession of committee
Full Name Sivi	SIAINI INIOIUINIGI IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
Mailing Address	231014191 101CIDI 1CIA12161 1DIR	
		
	MORENIO VALLEY	nassal-L
Title or Position	CITY STATE	ZIP CODE
TREASIURE	Telephone number	- <u> 5111 - 43101</u> 6
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and g., assistant treasurer).	the name and address of
Full Name of Treasurer	SIAIN YIOUNG	
Mailing Address	23049 10110 LAKE 10R 1 1 1	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		1,2,5,5,7]-L
Title or Position	CITY STATE	ZIP CODE
TIRIEIAISIUIRIE	Telephone number	

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Full Name of Designated Agent LL	<u> </u>	-] 	
Mailing Address			
	CiTY	STATE	ZIP CODE
Title or Position	Telepho	ne number	J
safety deposit boxes or r Name of Bank, Deposito		·	
Mailing Address	ASB: CLUB-YOUNGHPR	ESIV DIEINITI	
	23049 OLD LAKE DE		1
	MORENO NALLEN	L CA	12557-
	MORENDI IVIALLIENI I I	STATE	ZIP CODE
Name of Bank, Deposito	CITY		
Name of Bank, Deposito	CITY		
Name of Bank, Deposito Mailing Address	CITY		
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N.W., WASHINGTON, DC

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

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LIODO D.: 'L AA 'I	Postmarked		
USPS Priority Mail			
LIOPO Directo Mail François	Postmarked		
USPS Priority Mail Express			
Postmark Illegible			
No Postmark			
Overnight Delivery Service (Specify):	Shipping Date		
Next Bus	iness Day Delivery		
Received from House Records & Registration Office	Date of Receipt		
Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify):	of Receipt or Postmarked		
M	6/15/15		
PREPARER	DATE PREPARED		

(3/2015)